

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

671335

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	4					
TOTAL DEP.	0	←	←	←	←	←
TOTAL CLAIMS	10					

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IND.	DEP.	IND.	DEP.
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99			
100			
TOTAL IND.			
TOTAL DEP.	←	←	←
TOTAL CLAIMS			